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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number <b>10/724,010</b>		Filing Date <b>25 November, 2003</b>		<input type="checkbox"/> To be Mailed				
				Applicant(s) <b>BEREZ ET AL.</b>		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED 11/04/2008		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* 11/04/2008		* 11/04/2008		* 11/04/2008	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67		2			
18							68		2			
19							69		2			
20							70		2			
21							71		2			
22							72		2			
23							73		2			
24							74		2			
25							75		2			
26	1						76		2			
27		1					77		2			
28		1					78		1			
29		1					79		1			
30		1					80		1			
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40							90					
41		1					91					
42		2					92					
43		1					93					
44		2					94					
45							95					
46							96					
47							97					
48							98		2			
49							99		2			
50							100		2			
Total Indep	1						Total Indep					
Total Depend		101					Total Depend					
Total Claims		102					Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/724,010

Filing Date

25 November, 2003

Applicant(s)

BEREZ ET AL.

Page 2 of 2

\* May be used for additional claims or amendments

CLAIMS	AS FILED 11/04/2008		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		2					151					
102		1					152					
103		1					153					
104		1					154					
105							155					
106							156					
107							157					
108							158					
109		1					159					
110		1					160					
111		1					161					
112		2					162					
113		2					163					
114		2					164					
115		2					165					
116		2					166					
117		1					167					
118		2					168					
119		1					169					
120		1					170					
121		1					171					
122		1					172					
123		1					173					
124		1					174					
125		2					175					
126		2					176					
127		2					177					
128		2					178					
129		2					179					
130		2					180					
131		2					181					
132		2					182					
133		2					183					
134		2					184					
135		2					185					
136		2					186					
137							187					
138							188					
139							189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
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